| Fill in this information to identify your case: | | |
|---|-------------------------------|----------------------------------|
| United States Bankruptcy Court for the: | |] |
| EASTERN DISTRICT OF NEW YORK | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this a amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Omar First name U Middle name Aracena Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | Omar U Aracena Perez | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1072 | |

| Del | otor 1 Omar U Aracena | | Case number (if known) |
|-----|---|---|---|
| | | | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 143-05 Linden Blvd. Apt. 1 Jamaica, NY 11436 | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Queens County | Country |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

| Deb | otor 1 Omar U Aracena | | | | Case number (if known) | |
|-----|---|---|--|--|---|---|
| | | | | | | |
| Par | t 2: Tell the Court About | our Bankruptcy C | ase | | | |
| 7. | The chapter of the Bankruptcy Code you are | | | n, see <i>Notice Required by</i> I and check the appropria | 11 U.S.C. § 342(b) for Individuals Filing te box. | for Bankruptcy |
| | choosing to file under | Chapter 7 | | | | |
| | | ☐ Chapter 11 | | | | |
| | | ☐ Chapter 12 | | | | |
| | | ☐ Chapter 13 | | | | |
| 8. | How you will pay the fee | about how y order. If you a pre-printed I need to pa The Filing F I request th but is not rec | ou may pay. Typically, in attorney is submitting address. The set of the set | f you are paying the fee y your payment on your behats. If you choose this optical Form 103A). You may request this optice, and may do so only if you | ck with the clerk's office in your local coupurself, you may pay with cash, cashier half, your attorney may pay with a credit on, sign and attach the <i>Application for In</i> only if you are filing for Chapter 7. By our income is less than 150% of the officin installments). If you choose this option | s check, or money card or check with ndividuals to Pay law, a judge may, cial poverty line that |
| | | | | | cial Form 103B) and file it with your peti | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No. | | | | |
| | | District | i | When | Case number | |
| | | District | : | When | Case number | |
| | | District | | When | Case number | |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is | ■ No | | | | |
| | not filing this case with you, or by a business partner, or by an affiliate? | Li fes. | | | | |
| | | Debtor | | | Relationship to you | |
| | | District | : <u></u> _ | When | Case number, if known | |
| | | Debtor | | | Relationship to you | |
| | | District | · | When | Case number, if known | |
| 11. | Do you rent your | □ No. Go to | line 12. | | | |
| | residence? | ■ Yes. Has y | our landlord obtained a | n eviction judgment again | st you? | |
| | | - | No. Go to line 12. | | | |
| | | | Yes. Fill out <i>Initial Sta</i> bankruptcy petition. | tement About an Eviction | Judgment Against You (Form 101A) and | d file it with this |
| | | | | | | |

| Deb | otor 1 Omar U Aracena | | | | Case number (if known) |
|-----|---|------------------------|-------------------|--|--|
| | | | | | |
| Par | Report About Any Bu | ısinesses | You Own | as a Sole Proprie | rietor |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to F | Part 4. | |
| | | ☐ Yes. | Name | and location of bus | pusiness |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | ny |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numbe | er, Street, City, Sta | State & ZIP Code |
| | it to this petition. | | Check | the appropriate bo | box to describe your business: |
| | | | | Health Care Busin | usiness (as defined in 11 U.S.C. § 101(27A)) |
| | | | | • | eal Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | | s defined in 11 U.S.C. § 101(53A)) |
| | | | | · | oker (as defined in 11 U.S.C. § 101(6)) |
| | | | | None of the above | ove |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline: operation | s. If you inc | licate that you are w statement, and f | the court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of a dederal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■ No. | I am no | ot filing under Char | napter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fil Code. | ing under Chapter | ter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am fil | ing under Chapter | ter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | Report if You Own or | · Have Any | , Hazardoi | ıs Property or An | Any Property That Needs Immediate Attention |
| | Do you own or have any | | | | , |
| | property that poses or is | ■ No. | | | |
| | alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is th | ne hazard? | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | ate attention is why is it needed? | ? |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | |
| | - | | | | Number, Street, City, State & Zip Code |
| | | | | | |

Debtor 1 Omar U Aracena Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit

counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 | Omar U Aracena | | | | Case number (if) | known) |
|-----|---------------|--|---|---|------------------------------------|-----------------------------|--|
| Par | t 6: | Answer These Quest | ions for Repo | rting Purposes | | | |
| 16. | What you h | kind of debts do ave? | | e your debts primarily consurdividual primarily for a personal, | | | in 11 U.S.C. § 101(8) as "incurred by an |
| | - | | | No. Go to line 16b. | | | |
| | | | - | Yes. Go to line 17. | | | |
| | | | | e your debts primarily busine oney for a business or investmen | | | |
| | | | | No. Go to line 16c. | | | |
| | | | | Yes. Go to line 17. | | | |
| | | | 16c. St | ate the type of debts you owe th | at are not consum | ner debts or business de | ebts |
| 17. | Are y | ou filing under ter 7? | □ No. I a | m not filing under Chapter 7. Go | o to line 18. | | |
| | after a | ou estimate that any exempt erty is excluded and | | m filing under Chapter 7. Do you e paid that funds will be available | | | is excluded and administrative expenses |
| | | nistrative expenses aid that funds will | | No | | | |
| | | ailable for bution to unsecured tors? | | Yes | | | |
| 18. | How | many Creditors do | 1 -49 | | 1 ,000-5,000 | | 2 5,001-50,000 |
| | you e owe? | stimate that you | □ 50-99 | | ☐ 5001-10,000 ☐ 40,004,05,00 | | ☐ 50,001-100,000 |
| | | | □ 100-199 □ 200-999 | | 10,001-25,00 | 00 | ☐ More than100,000 |
| 19. | | much do you | \$0 - \$50,0 | 000 | □ \$1,000,001 - | | ☐ \$500,000,001 - \$1 billion |
| | be wo | ate your assets to orth? | \$50,001 - | | □ \$10,000,001 □ \$50,000,001 | | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion |
| | | | □ \$100,001 □ \$500,001 | | □ \$100,000,001 □ \$100,000,001 | | ☐ More than \$50 billion |
| 20. | | much do you | \$ 0 - \$50,0 | 000 | □ \$1,000,001 - | | □ \$500,000,001 - \$1 billion |
| | to be | ate your liabilities ? | \$50,001 | | □ \$10,000,001 □ \$50,000,001 | | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion |
| | | | □ \$100,001 □ \$500,001 | | □ \$100,000,001 | | ☐ More than \$50 billion |
| Par | t 7: | Sign Below | | | | | |
| For | you | | I have exam | ined this petition, and I declare u | under penalty of pe | erjury that the information | on provided is true and correct. |
| | | | | sen to file under Chapter 7, I am s Code. I understand the relief a | | | der Chapter 7, 11,12, or 13 of title 11, e to proceed under Chapter 7. |
| | | | | / represents me and I did not pa have obtained and read the noti | | | attorney to help me fill out this |
| | | | I request reli | ef in accordance with the chapte | er of title 11, Unite | d States Code, specifie | d in this petition. |
| | | | bankruptcy of and 3571. | ase can result in fines up to \$25 | | | operty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | | /s/ Omar U Omar U Ar Signature of | acena | | Signature of Debtor 2 | |
| | | | Executed on | April 16, 2019 | | Executed on | |
| | | | | MM / DD / YYYY | | MM / DI | D / YYYY |

| Debtor 1 Omar U Aracena | | Case | e number (if known) |
|---|--|---------------------------|--|
| For your attorney, if you are represented by one | under Chapter 7, 11, 12, or 13 of title 11, United | d States Code, and have e | informed the debtor(s) about eligibility to proceed xplained the relief available under each chapter lebtor(s) the notice required by 11 U.S.C. § 342(b) |
| If you are not represented by an attorney, you do not need to file this page. | | | ledge after an inquiry that the information in the |
| | /s/ Jacob Silver | Date | April 16, 2019 |
| | Signature of Attorney for Debtor | | MM / DD / YYYY |
| | Jacob Silver | | |
| | Printed name | | |
| | Jacob Silver, Attorney At Law | | |
| | Firm name | | |
| | 26 Court Street | | |
| | Suite - 1201 | | |
| | Brooklyn, NY 11242 | | |
| | Number, Street, City, State & ZIP Code | | |
| | Contact phone (718) 855-3834 | Email address | silverbankruptcy@gmail.com |
| | Bar number & State | | |
| | | | |

| Fill | in this inform | ation to identify your | case: | | | | |
|---------------|------------------------------|---|--------------------------------|--|------------------------------|--------------------|-----------------------------|
| Deb | otor 1 | Omar U Aracena | | | | | |
| Deb | otor 2 | First Name | Middle Name | Last Name | | | |
| | use if, filing) | First Name | Middle Name | Last Name | | | |
| Unit | ted States Ban | kruptcy Court for the: | EASTERN DISTRIC | CT OF NEW YORK | | | |
| Cas (if kn | se number | | | | | _ | if this is an led filing |
| | | | | | | | J. J. |
| Of | ficial For | m 106Sum | | | | | |
| | | | and Liabilities | and Certain Statisti | cal Information | 1 | 2/15 |
| info | rmation. Fill o | ut all of your schedule | es first; then complet | ople are filing together, both a te the information on this forn heck the box at the top of this | n. If you are filing amend | | |
| Par | t 1: Summa | rize Your Assets | | | | | |
| | | | | | | Your as Value o | ssets f what you own |
| 1. | Schedule A/ 1a. Copy line | B: Property (Official Fo | orm 106A/B) om Schedule A/B | | | \$ | 0.00 |
| | 1b. Copy line | e 62, Total personal prop | perty, from Schedule A | \/B | | \$ | 11,500.00 |
| | 1c. Copy line | 63, Total of all property | on Schedule A/B | | | \$ | 11,500.00 |
| Par | t 2: Summa | rize Your Liabilities | | | | | |
| | | | | | | Your lia Amount | abilities you owe |
| 2. | | | | perty (Official Form 106D) o, at the bottom of the last page of | of Part 1 of Schedule D | \$ | 15,376.00 |
| 3. | | F: Creditors Who Have total claims from Part | | ficial Form 106E/F) claims) from line 6e of <i>Schedule</i> | E/F | \$ | 700.00 |
| | 3b. Copy the | e total claims from Part | 2 (nonpriority unsecure | ed claims) from line 6j of Schede | ule E/F | \$ | 24,290.00 |
| | | | | | Your total liabilities | \$ | 40,366.00 |
| Par | t 3: Summa | rize Your Income and | Expenses | | | | |
| 4. | | Your Income (Official Foombined monthly income | | dule I | | \$ | 4,004.00 |
| 5. | | Your Expenses (Official onthly expenses from li | | | | \$ | 4,108.00 |
| Par | t 4: Answer | These Questions for | Administrative and S | Statistical Records | | | |
| 6. | - | g for bankruptcy under the have nothing to report | • | 13? n. Check this box and submit thi | is form to the court with yo | our other sch | edules. |
| 7. | ■ Yes What kind o | f debt do you have? | | | | | |
| | | | | ner debts are those "incurred by 8-9g for statistical purposes. 28 | | a personal, | family, or |
| | | ebts are not primarily of the with your other sched | | u have nothing to report on this p | part of the form. Check thi | is box and su | abmit this form to |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

| Debtor 1 | Omar U Aracena | Case number (if known) |
|----------|----------------|------------------------|
|----------|----------------|------------------------|

3. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____4,871.72

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|--------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 700.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 700.00 |

| | rmation to identify your o | | | |
|--|--|---|--|--|
| Debtor 1 | Omar U Aracena | | | |
| Debtor 2 | First Name | Middle Name | Last Name | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | EASTERN DISTRICT OF | NEW YORK | |
| Case number | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official Fo | orm 106A/B | | | |
| Schedu | le A/B: Prop | erty | | 12/15 |
| think it fits best. information. If mo Answer every quo | Be as complete and accuratore space is needed, attach a estion. | te as possible. If two married a separate sheet to this forn | nce. If an asset fits in more than one category, list of people are filing together, both are equally resporn. On the top of any additional pages, write your nate of the control of the c | sible for supplying correct |
| l. Do you own o | r have any legal or equitable | interest in any residence, b | ouilding, land, or similar property? | |
| ■ No. Go to Pa | art 2. | | | |
| ☐ Yes. Where | e is the property? | | | |
| | | | | |
| Do you own, le someone else d | rives. If you lease a vehicle | e, also report it on <i>Schedu</i> | nicles, whether they are registered or not? Inc alle G: Executory Contracts and Unexpired Lease. | |
| Do you own, le someone else d | ease, or have legal or equi | e, also report it on <i>Schedu</i> | lle G: Executory Contracts and Unexpired Lease | |
| Do you own, lesomeone else d 3. Cars, vans, t No Yes 4. Watercraft, a | ase, or have legal or equinives. If you lease a vehicle trucks, tractors, sport uti | e, also report it on <i>Schedu</i> ility vehicles, motorcycle IVs and other recreation | lle G: Executory Contracts and Unexpired Lease | |
| Do you own, lesomeone else d Cars, vans, t No Yes Watercraft, a | ase, or have legal or equinives. If you lease a vehicle trucks, tractors, sport uti | e, also report it on <i>Schedu</i> ility vehicles, motorcycle IVs and other recreation | ele G: Executory Contracts and Unexpired Lease. es | |
| Do you own, lesomeone else d 3. Cars, vans, t No Yes 4. Watercraft, a Examples: Bo | ase, or have legal or equinives. If you lease a vehicle trucks, tractors, sport uti | e, also report it on <i>Schedu</i> ility vehicles, motorcycle IVs and other recreation | ele G: Executory Contracts and Unexpired Lease. es | |
| Do you own, lesomeone else d Cars, vans, t No Yes Watercraft, a Examples: Bo | ase, or have legal or equinives. If you lease a vehicle trucks, tractors, sport uti | e, also report it on <i>Schedu</i> ility vehicles, motorcycle IVs and other recreation | ele G: Executory Contracts and Unexpired Lease. es | |
| Do you own, lesomeone else d Cars, vans, t No Yes Watercraft, a Examples: Bo Yes A Odd the dol | rase, or have legal or equivives. If you lease a vehicle trucks, tractors, sport utivaries, tractors, sport utivaries, motor homes, Albats, trailers, motors, personats, personats | e, also report it on Schedu ility vehicles, motorcycle IVs and other recreation onal watercraft, fishing vess ou own for all of your en | ele G: Executory Contracts and Unexpired Lease. es | s. |
| Do you own, lesomeone else d Cars, vans, 1 No Yes Watercraft, a Examples: Bo No Yes Add the dol pages you lesomeone else d Add the dol | rase, or have legal or equivives. If you lease a vehicle trucks, tractors, sport utivaries, tractors, sport utivaries, motor homes, Albats, trailers, motors, personats, personats | e, also report it on Schedu ility vehicles, motorcycle IVs and other recreation onal watercraft, fishing vest ou own for all of your en Write that number here | es al vehicles, other vehicles, and accessories sels, snowmobiles, motorcycle accessories | s. |
| Do you own, lesomeone else d 3. Cars, vans, f No Yes 4. Watercraft, a Examples: Bo No Yes 5 Add the dol pages you les Part 3: Describ Do you own or | lase, or have legal or equivives. If you lease a vehicle trucks, tractors, sport utivaries, tractors, sport utivaries, motor homes, Albats, trailers, motors, personats, personat | e, also report it on Schedu ility vehicles, motorcycle IVs and other recreation onal watercraft, fishing vest rou own for all of your en Write that number here | al vehicles, other vehicles, and accessories sels, snowmobiles, motorcycle accessories attries from Part 2, including any entries for | S |
| Do you own, lesomeone else d 3. Cars, vans, f No Yes 4. Watercraft, a Examples: Bo No Yes 5 Add the dol pages you l Part 3: Describ Do you own of | lase, or have legal or equivives. If you lease a vehicle trucks, tractors, sport utivitrucks, tractors, sport utivitrucks, tractors, sport utivitrucks, tractors, sport utivitrucks, trailers, motors, personats, | e, also report it on Schedu ility vehicles, motorcycle IVs and other recreation onal watercraft, fishing vest wou own for all of your en Write that number here ehold Items able interest in any of the | al vehicles, other vehicles, and accessories sels, snowmobiles, motorcycle accessories atries from Part 2, including any entries for | S. \$0.00 Current value of the portion you own? Do not deduct secured |
| Do you own, lesomeone else d 3. Cars, vans, s No Yes 4. Watercraft, a Examples: Bo No Yes 5 Add the dol pages you l Part 3: Describ Do you own on 6. Household g Examples: No No | lase, or have legal or equivives. If you lease a vehicle trucks, tractors, sport utivitation to the portion years, trailers, motors, personal and House representation of the portion years and the personal and House representation of the portion of the portion years and the personal and House representation of the portion years and the personal and House representation of the portion years and the personal and House representation of the portion years and the personal and House representation of the Personal Andrews representation of the Personal Andrews representation of the Personal Andrews representati | e, also report it on Schedu ility vehicles, motorcycle IVs and other recreation onal watercraft, fishing vest rou own for all of your en Write that number here ehold Items able interest in any of the | al vehicles, other vehicles, and accessories sels, snowmobiles, motorcycle accessories atries from Part 2, including any entries for | S. \$0.00 Current value of the portion you own? Do not deduct secured |

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Official Form 106A/B Schedule A/B: Property page 1

| De | ebtor 1 | Omar U Aracena | Case number (if known) | |
|-----|----------------|--|--|---|
| | Yes. | Describe | | |
| | | Miscellaneous electronic devices | | \$100.00 |
| 8. | Exampl | bles of value les: Antiques and figurines; paintings, prints, or other artwork; boo other collections, memorabilia, collectibles | ks, pictures, or other art objects; stamp, coin, | or baseball card collections; |
| | ■ No □ Yes. | Describe | | |
| 9. | Exampl | nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; b musical instruments | icycles, pool tables, golf clubs, skis; canoes a | and kayaks; carpentry tools; |
| | ■ No □ Yes. | Describe | | |
| 10. | ` | ms ples: Pistols, rifles, shotguns, ammunition, and related equipment | | |
| | ■ No □ Yes. | Describe | | |
| 11. | □ No | ples: Everyday clothes, furs, leather coats, designer wear, shoes, | accessories | |
| | ■ Yes. | Describe | | \$4.000.00 |
| | | Wearing Apparel - Clothes and Related | l Wearing Apparel | \$1,000.00 |
| 12. | ■ No | <i>ples:</i> Everyday jewelry, costume jewelry, engagement rings, wedd | ing rings, heirloom jewelry, watches, gems, g | old, silver |
| | | Describe | | |
| 13. | | nrm animals ples: Dogs, cats, birds, horses | | |
| | ☐ Yes. | Describe | | |
| 14. | ■ No | ther personal and household items you did not already list, in | cluding any health aids you did not list | |
| | ☐ Yes. | Give specific information | r | |
| 15 | | the dollar value of all of your entries from Part 3, including an art 3. Write that number here | | \$2,100.00 |
| Pa | rt 4: De | escribe Your Financial Assets | | |
| De | o you ov | wn or have any legal or equitable interest in any of the followi | ng? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | □ No | ples: Money you have in your wallet, in your home, in a safe depo | | on |
| | - 103 | | Cash - Miscellaneous | |
| | | | Cash | \$100.00 |

Official Form 106A/B

| D | ebtor 1 | Omar U Aracena | Case number (if known) | |
|----|---------------|--|--|--------------------------|
| 17 | Denosi | its of money | | |
| ., | | | ial accounts; certificates of deposit; shares in credit unions, brokerage house | es, and other similar |
| | _ | institutions. If you have multiple ac | counts with the same institution, list each. | |
| | □ No | | Institution name: | |
| | Yes | | institution name. | |
| | | | | |
| | | 17.1. | AACU | \$1,300.00 |
| | | | | |
| 18 | Bonds | , mutual funds, or publicly traded sto | ocks | |
| | Examp | oles: Bond funds, investment accounts v | with brokerage firms, money market accounts | |
| | ■ No | | | |
| | ☐ Yes | Institution or | issuer name: | |
| 19 | . Non-pu | ublicly traded stock and interests in i | incorporated and unincorporated businesses, including an interest in a | an LLC, partnership, and |
| | - | enture | | |
| | No | | | |
| | ☐ Yes. | Give specific information about them | | |
| | | Name of entity: | % of ownership: | |
| 20 | | | er negotiable and non-negotiable instruments | |
| | | | cks, cashiers' checks, promissory notes, and money orders. | |
| | Non-ne | egotiable instruments are those you can | nnot transfer to someone by signing or delivering them. | |
| | | Give specific information about them | | |
| | — 103. | Issuer name: | | |
| | | | | |
| 21 | | nent or pension accounts | 24/L) 402/b) thrift appliage accounts are other papaign or profit aboring planning | • |
| | □ No | oles. Interests in IRA, ERISA, Reogn, 40 | 01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | 5 |
| | | List each account separately. | | |
| | — 103. | Type of account: | Institution name: | |
| | | · · | | |
| | | | <u>401K</u> | \$8,000.00 |
| | | | | |
| 22 | | y deposits and prepayments | | |
| | | | nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications companies, | or others |
| | ■ No | 700. Agreemente with landiords, propare | a ront, public utilities (clootile, gas, water), telecommunications companies, | or others |
| | | | Institution name or individual: | |
| | | | | |
| 23 | _ | ies (A contract for a periodic payment of | of money to you, either for life or for a number of years) | |
| | ■ No | leaver name and descrip | ation. | |
| | ☐ Yes | Issuer name and descrip | otion. | |
| 24 | | | in a qualified ABLE program, or under a qualified state tuition prograr | m. |
| | | C. §§ 530(b)(1), 529A(b), and 529(b)(1) | l. | |
| | ■ No | | | |
| | ☐ Yes | Institution name and des | scription. Separately file the records of any interests.11 U.S.C. § 521(c): | |
| 25 | . Trusts. | equitable or future interests in prop | erty (other than anything listed in line 1), and rights or powers exercise | able for your benefit |
| | ■ No | , | , , , , , , , , , , , , , , , , , , , | |
| | ☐ Yes. | Give specific information about them | | |
| | 5 | | | |
| 26 | | s, copyrights, trademarks, trade secr | rets, and other intellectual property proceeds from royalties and licensing agreements | |
| | ■ No | oros. Internet demain names, websites, | proceeds from royalites and floerising agreements | |
| | | Give specific information about them | | |
| | | | | |
| 27 | | es, franchises, and other general inta | angibles s, cooperative association holdings, liquor licenses, professional licenses | |
| | ■ No | ores. Building permits, exclusive licenses | s, cooperative association notalings, liquol licenses, professional licenses | |
| | | Give specific information about them | | |
| | <u> </u> | 5.75 Specific information about them | | |

Official Form 106A/B Schedule A/B: Property page 3

| Debtor 1 | Omar U Aracena | | Case number (if known) | |
|----------------------------|--|---|--|---|
| | | | | |
| Money o | r property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax r o ■ No | efunds owed to you | | | |
| | s. Give specific information abou | t them, including whether you already file | ed the returns and the tax years | |
| | l y support nples: Past due or lump sum alin | nony, spousal support, child support, ma | intenance, divorce settlement, property se | ettlement |
| ☐ Yes | s. Give specific information | | | |
| Exam | r amounts someone owes you nples: Unpaid wages, disability in benefits; unpaid loans you s. Give specific information | | ick pay, vacation pay, workers' compensa | ation, Social Security |
| | ests in insurance policies | | | |
| | | surance; health savings account (HSA); | credit, homeowner's, or renter's insurance | e |
| | s. Name the insurance company Compan | | Beneficiary: | Surrender or refund value: |
| If you | | you from someone who has died ust, expect proceeds from a life insuranc | ce policy, or are currently entitled to receiv | e property because |
| ☐ Yes | s. Give specific information | | | |
| | | er or not you have filed a lawsuit or m sputes, insurance claims, or rights to sue | | |
| ■ Yes | s. Describe each claim | | | |
| | | FDCPA Claims against debt coll statutory damages of one thous | | \$0.00 |
| ■ No | | claims of every nature, including cour | nterclaims of the debtor and rights to s | et off claims |
| | s. Describe each claim | | | |
| ■ No | inancial assets you did not alr Give specific information | eady list | | |
| | | entries from Part 4, including any ent | . • , | \$9,400.00 |
| Part 5: D | escribe Any Business-Related Pro | perty You Own or Have an Interest In. List | any real estate in Part 1. | |
| 37. Do yo ı | ı own or have any legal or equitab | le interest in any business-related property | ? | _ |
| _ | Go to Part 6. | | | |
| Ll Yes | Go to line 38 | | | |

Official Form 106A/B Schedule A/B: Property page 4

| Debt | or 1 | Omar U Aracena | | Case number (if known) | |
|--------|--------|--|--------------------------|------------------------------|-------------|
| Part 6 | | cribe Any Farm- and Commercial Fishing-Related Property Yo ou own or have an interest in farmland, list it in Part 1. | u Own or Have an Interes | st In. | |
| 46. D | o you | own or have any legal or equitable interest in any farm | - or commercial fishir | ng-related property? | |
| I | No. 0 | Go to Part 7. | | | |
| I | ☐ Yes. | Go to line 47. | | | |
| Part 7 | 7: | Describe All Property You Own or Have an Interest in That Yo | ou Did Not List Above | | |
| | | have other property of any kind you did not already lis | t? | | |
| | | les: Season tickets, country club membership | | | |
| | No | | | | |
| Ш | res. c | Give specific information | | | |
| 54. | Add ti | ne dollar value of all of your entries from Part 7. Write t | hat number here | | \$0.00 |
| | | | | | |
| Part 8 | 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | \$0.00 |
| 56. | Part 2 | : Total vehicles, line 5 | \$0.00 | | · · · · · · |
| 57. | Part 3 | : Total personal and household items, line 15 | \$2,100.00 | | |
| 58. | Part 4 | : Total financial assets, line 36 | \$9,400.00 | | |
| 59. | Part 5 | : Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6 | : Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | : Total other property not listed, line 54 | + \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$11,500.00 | Copy personal property total | \$11,500.00 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$11,500,00 |

Official Form 106A/B Schedule A/B: Property page 5

| Fil | ll in this inforn | nation to identify your c | ase: | | | |
|--|--|---|--|---|--|--|
| | ebtor 1 | Omar U Aracena | | | | |
| _ | | First Name | Middle Name | L | ast Name | |
| | ebtor 2 oouse if, filing) | First Name | Middle Name | L | ast Name | |
| Un | nited States Ba | nkruptcy Court for the: | EASTERN DISTRICT OF N | EW Y | ORK | |
| | ase number known) | | | | | ☐ Check if this is an amended filing |
| \bigcirc | fficial Fo | rm 106C | | | | |
| | | | perty You Cla | im | as Exempt | 4/19 |
| the nee cas For spe any fun exe | property you li eded, fill out an se number (if kr r each item of ecific dollar ar y applicable st ds—may be u emption to a p | sted on Schedule A/B: Produce attach to this page as mown). property you claim as enount as exempt. Alternatutory limit. Some exemptimited in dollar amount. | roperty (Official Form 106A/B) nany copies of Part 2: Addition exempt, you must specify the latively, you may claim the functions—such as those form. However, if you claim and the second execution of the second execution in the second execution i | as yo nal Pa e amo full fa heal exer | our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. Our market value of the property being the aids, rights to receive certain beingtion of 100% of fair market value. | additional pages, write your name and One way of doing so is to state a ing exempted up to the amount of enefits, and tax-exempt retirement |
| Pa | art 1: Identif | y the Property You Clai | m as Exempt | | | |
| 1. | Which set of | exemptions are you cla | aiming? Check one only, eve | n if yo | our spouse is filing with you. | |
| | ☐ You are cla | aiming state and federal r | nonbankruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | You are cl | aiming federal exemption | s. 11 U.S.C. § 522(b)(2) | | | |
| 2. | For any prop | erty you list on Schedu | le A/B that you claim as exe | empt, | fill in the information below. | |
| | | on of the property and line that lists this property | portion you own Copy the value from | | ount of the exemption you claim eck only one box for each exemption. | Specific laws that allow exemption |
| | Household | Goods - Furniture, | Schedule A/B \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) |
| | Goods | and Other Personal hedule A/B: 6.1 | <u>Ψ1,000.00</u> | _ | 100% of fair market value, up to any applicable statutory limit | |
| | | ous electronic device | s \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(3) |
| | Line nom 30/ | reduie A/B. T.T | | | 100% of fair market value, up to any applicable statutory limit | |
| | Related We | pparel - Clothes and earing Apparel | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) |
| | Line from Scl | nedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | cellaneous Cash | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(5) |
| | LING HOTH GC/ | 10.10 A/D. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | AACU Line from Scl | nedule A/B: 17.1 | \$1,300.00 | | \$1,300.00 | 11 U.S.C. § 522(d)(5) |

Official Form 106C

☐ 100% of fair market value, up to any applicable statutory limit

| Debtor | 1 Omar U Aracena | | | Case number (if known) | |
|-------------|---|---|-------------------|---|------------------------|
| | ief description of the property and line on thedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B Amount of the exemption you claim Check only one box for each exemption. | | Specific laws that allow exemption | |
| | | | | | |
| | 01K ne from <i>Schedule A/B</i> : 21.1 | \$8,000.00 | \$8,000.00 | | 11 U.S.C. § 522(d)(12) |
| L II | ic from deficulte A.B. 2111 | | | 100% of fair market value, up to any applicable statutory limit | |
| | DCPA Claims against debt | \$0.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(5) |
| st | bilars per claim & fees. ne from Schedule A/B: 33.1 | 100% of fair market value, up to any applicable statutory limit | | | |
| | re you claiming a homestead exemption ubject to adjustment on 4/01/22 and every | | | led on or after the date of adjustmer | nt.) |
| | Yes. Did you acquire the property cover ☐ No | ed by the exemption wi | ithin 1 | ,215 days before you filed this case | ? |
| | ☐ Yes | | | | |

| Fill in this inforn | nation to identify you | ır case: | | | | | |
|---|---|--|-------------------|--|-------------------|--|---|
| Debtor 1 | Omar U Aracen | a | | | | | |
| | First Name | Middle Name Last Nar | ne | | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name Last Nar | ne | | | | |
| United States Ba | nkruptcy Court for the | EASTERN DISTRICT OF NEW YORK | | | | | |
| Case number _ | | | | | | □ Check | if this is an |
| | | | | | | _ | led filing |
| Official Forn Schedule | | Who Have Claims Secu | ıred | by Propert | y | | 12/15 |
| Be as complete and is needed, copy the number (if known). | l accurate as possible. Additional Page, fill it | If two married people are filing together, both a bout, number the entries, and attach it to this fo | are equ rm. On | ally responsible for su the top of any additio | ipplyir nal pa | ng correct informat ges, write your nar | tion. If more space me and case |
| 1. Do any creditors | have claims secured by | y your property? | | | | | |
| ☐ No. Check | this box and submit t | his form to the court with your other schedul | es. Yo | u have nothing else t | o repo | ort on this form. | |
| Yes Fill in | all of the information | helow | | - | | | |
| | | bolow. | | | | | |
| | I Secured Claims | | | Column A | Colu | ımn B | Column C |
| for each claim. If m | ore than one creditor has | more than one secured claim, list the creditor sepa s a particular claim, list the other creditors in Part 2 cal order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Valu | ue of collateral supports this | Unsecured portion |
| 2.1 Chase Au | to | Describe the property that secures the claim | : | \$12,660.00 | Ciai | \$0.00 | \$12,660.00 |
| Creditor's Name | 9 | Cosigned Automobile | \neg | * , | | | , |
| | | that Debtor is Driving | | | | | |
| | | Name is Not on Title | | | | | |
| Po Box 90 | 1003 | As of the date you file, the claim is: Check all the apply. | nat | | | | |
| Ft Worth, | TX 76101 | Contingent | | | | | |
| Number, Street | , City, State & Zip Code | ☐ Unliquidated | | | | | |
| | | ☐ Disputed | | | | | |
| Who owes the de | bt? Check one. | Nature of lien. Check all that apply. | | | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mortgage | or secu | ured | | | |
| Debtor 2 only | | car loan) | | | | | |
| Debtor 1 and De | ebtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's li | en) | | | | |
| ☐ At least one of the | ne debtors and another | ☐ Judgment lien from a lawsuit | | | | | |
| ☐ Check if this cl community de | | Other (including a right to offset) | | | | | |
| | Opened | | | | | | |
| | 06/17 Last | | | | | | |
| Date debt was inci | Active urred 4/08/19 | Last 4 digits of account number 5 | 304 | | | | |
| | | | | | | | |

| Debtor 1 Omar U Aracena | | | | Case number (if known) | | | |
|-------------------------|---|---|---|------------------------|--------|------------|--|
| | First Name | Middle N | Name Last Name | | | | |
| 2.2 | Freedom Road | d Financial | Describe the property that secures the claim: | \$2,716.00 | \$0.00 | \$2,716.00 | |
| | Creditor's Name cosigned Motorcycle - Ioan in default | | 1 - | | | | |
| | 10605 Double Reno, NV 8952 | | As of the date you file, the claim is: Check all tha apply. Contingent | l t | | | |
| | Number, Street, City, S | State & Zip Code | ☐ Unliquidated | | | | |
| Who | o owes the debt? C | heck one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| _ | Debtor 1 only Debtor 2 only | | ☐ An agreement you made (such as mortgage o car loan) | r secured | | | |
| | Debtor 1 and Debtor 2 | only! | ☐ Statutory lien (such as tax lien, mechanic's lier | ٦) | | | |
| | at least one of the deb | otors and another | ☐ Judgment lien from a lawsuit | | | | |
| | Check if this claim re community debt | elates to a | Other (including a right to offset) | | | | |
| Date | e debt was incurred | Opened 09/16 Last Active 4/04/19 | Last 4 digits of account number 00° | 13 | | | |
| Ad | d the dollar value of | f vour entries in (| Column A on this page. Write that number here: | \$15,376.00 | | | |
| If t | | of your form, add | I the dollar value totals from all pages. | \$15,376.00 | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill | in this informa | ation to identify your | case: | | | | | |
|----------------------|--|--|---|--|---------------------------|-----------------------------|----------------------|-------------------------------|
| Del | btor 1 | Omar U Aracena | | | | | | |
| DC | DIOI I | First Name | Middle Name | Last Name | | | | |
| | btor 2 | | | | | | | |
| (Spo | ouse if, filing) | First Name | Middle Name | Last Name | | | | |
| Uni | ited States Banl | kruptcy Court for the: | EASTERN DISTRICT (| OF NEW YORK | | | | |
| Ca | se number | | | | | | | |
| (if kr | nown) | | | | | | _ | k if this is an ded filing |
| Off | ficial Form | 106F/F | | | | | | |
| | | | ho Have Unsec | ured Claims | • | | | 12/15 |
| | | | e Part 1 for creditors with I | | | or creditors with NON | PRIORITY claims I | |
| Scho left. nam | edule D: Creditor Attach the Conti e and case numl | rs Who Have Claims Sec nuation Page to this pag | ired Leases (Official Form ured by Property. If more s e. If you have no informations secured Claims | pace is needed, co | y the Part | you need, fill it out, | number the entries | in the boxes on the |
| 1. | Do any creditor | s have priority unsecure | d claims against you? | | | | | |
| | ☐ No. Go to Pa | rt 2. | | | | | | |
| | Yes. | | | | | | | |
| 2. | identify what type possible, list the Part 1. If more th | e of claim it is. If a claim ha claims in alphabetical orde an one creditor holds a pa | s. If a creditor has more than s both priority and nonpriorit rr according to the creditor's rticular claim, list the other cr | y amounts, list that on name. If you have meditors in Part 3. | aim here a ore than tw | nd show both priority a | nd nonpriority amou | nts. As much as |
| | (For an explanati | ion of each type of claim, s | ee the instructions for this fo | rm in the instruction | DOOKIET.) | Total claim | Priority amount | Nonpriority amount |
| 2.1 | | Revenue Service | Last 4 digits o | f account number | | \$700.00 | \$700.00 | \$0.00 |
| | Priority Cred 11601 Rd P.O. Box | oosevelt Blvd. | When was the | debt incurred? | 2018 | | | |
| | Philadelp | ohia, PA 19114 | | | | | | |
| | | eet City State Zip Code the debt? Check one. | _ | you file, the claim | is: Check a | Ill that apply | | |
| | | | ☐ Contingent | | | | | |
| | Debtor 1 on | • | ☐ Unliquidate | d | | | | |
| | Debtor 2 on | | ☐ Disputed | | | | | |
| | Debtor 1 an | d Debtor 2 only | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | RITY unsecured cla | im: | | | |
| | ☐ At least one | of the debtors and another | r ☐ Domestic s | upport obligations | | | | |
| | ☐ Check if th | is claim is for a commur | ity debt Taxes and | certain other debts y | ou owe the | government | | |
| | Is the claim su | bject to offset? | ☐ Claims for o | death or personal inj | ıry while yo | u were intoxicated | | |
| | ■ No | | ☐ Other. Spec | cify | | | | _ |
| | ☐ Yes | | | 2018 - Taxe | s under | withheld | | |
| Pai | rt 2: List All | of Your NONPRIORIT | Y Unsecured Claims | | | | | |
| 3. | Do any creditor | s have nonpriority unsec | ured claims against you? | | | | | |
| | ☐ No. You have | nothing to report in this pa | art. Submit this form to the co | ourt with your other s | chedules. | | | |
| | Yes. | | | | | | | |
| 4. | unsecured claim | , list the creditor separately | aims in the alphabetical ord of for each claim. For each class the other creditors in Part | im listed, identify wh | at type of c | laim it is. Do not list cla | aims already include | d in Part 1. If more |

Total claim

| Debtor | Omar U Aracena | | Case number (if known) | | | | |
|--------|--|--|--|------------|--|--|--|
| 4.1 | Aafcu Nonpriority Creditor's Name | Last 4 digits of account number | 0012 | \$3,903.00 | | | |
| | Pob 619001 Dallas, TX 75261 | When was the debt incurred? | Opened 01/16 Last Active 3/29/19 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Unsecured | | | | | |
| 4.2 | Aafcu | Last 4 digits of account number | 0009 | \$3,101.00 | | | |
| | Nonpriority Creditor's Name Pob 619001 | | Opened 10/15 Last Active | | | | |
| | Dallas, TX 75261 | When was the debt incurred? | 3/03/19 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | ☐ Yes | ■ Other, Specify Check Cred | dit Or Line Of Credit | | | | |
| | | — Outer. Opening | | | | | |
| 4.3 | Aafcu Nonpriority Creditor's Name | Last 4 digits of account number | 5249 | \$1,140.00 | | | |
| | Po Box 619001 Dfw Airport, TX 75261 | When was the debt incurred? | Opened 07/12 Last Active 2/20/19 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | Пол | | | | | |
| | _ | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt | _ | ration agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | , | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | | |
| | Yes | Other. Specify Credit Card | I | | | | |

| Debtor | 1 Omar U Aracena | | Case number (if known) | |
|--------|---|--|--|----------|
| 4.4 | Aafcu Nonpriority Creditor's Name | Last 4 digits of account number | 0011 | \$205.00 |
| | Pob 619001 Dallas, TX 75261 | When was the debt incurred? | Opened 10/15 Last Active 3/05/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Check Cred | dit Or Line Of Credit | |
| 4.5 | Credit Coll Nonpriority Creditor's Name | Last 4 digits of account number | 2838 | \$275.00 |
| | Po Box 607 | When was the debt incurred? | Opened 5/01/17 | |
| | Norwood, MA 02062 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | s. Offect all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify 06 Progres | sive | |
| 4.6 | Debt Collectors | Last 4 digits of account number | | \$0.00 |
| | Nonpriority Creditor's Name Collection Agencies and | When was the debt incurred? | | |
| | Attorneys for Matrix Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | \square Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify | | |

| Debtor | 1 Omar U Aracena | | Case number (if known) | | | |
|-----------|---|--|---|------------|--|--|
| 4.7 | Hyundai Capital Americ Nonpriority Creditor's Name | Last 4 digits of account number | 0805 | \$9,940.00 | | |
| | 10550 Talbert Av Fountain Valley, CA 92708 | When was the debt incurred? | Opened 05/16 Last Active 5/08/17 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Lease - Vol | untarily Reposession | | | |
| 4.8 | Portfolio Recov Assoc | Last 4 digits of account number | 6047 | \$2,863.00 | | |
| | Nonpriority Creditor's Name 120 Corporate Blvd Ste 1 Norfolk, VA 23502 | When was the debt incurred? | Opened 11/18 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | | | | | |
| | ☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Factoring C Delaware | Company Account Barclays Bank | | | |
| 4.9 | Portfolio Recovery Associ | Last 4 digits of account number | | \$2,863.00 | | |
| | Nonpriority Creditor's Name 140 Corporate Boulevard Norfolk, VA 23502 | When was the debt incurred? | 2017 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | | ration agreement or divorce that you did not | | | |
| | No | report as priority claims Debts to pension or profit-sharin | a plane, and other similar debts | | | |
| | ☐ Yes | Other. Specify | g pians, and other similar debts | | | |
| | | - Other, Specify | | | | |
| Part 3: | List Others to Be Notified About a Deb | t That You Already Listed | | | | |
| 5. Use th | is page only if you have others to be notified at | oout your bankruptcy, for a debt that y | ou already listed in Parts 1 or 2. For example, if Parts 1 or 2, then list the collection agency here | | | |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Official Form 106 E/F

On which entry in Part 1 or Part 2 did you list the original creditor?

Cornstar Financial Servic

Line <u>4.6</u> of (*Check one*): ☐ Part 1: Creditors with Priority Unsecured Claims

Schedule E/F: Creditors Who Have Unsecured Claims

| Debtor 1 Omar U Aracena | | Case number (if known) | | | | | |
|---|--|--|--|--|--|--|--|
| 10400 N 25th Ave. Suite - 100 Phoenix, AZ 85021 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| | Last 4 digits of account number | | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | | | |
| Credit Collection Service 725 Canton Street | Line 4.6 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | | | | |
| Norwood, MA 02062 | | Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| | Last 4 digits of account number | | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | | |
| Equifax Credit Info. Serv | Line 4.6 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | | | |
| P.O. Box 740241 Atlanta, GA 30374 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| Adama, OA 50074 | Last 4 digits of account number | | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 | • | | | | | |
| Experian National Consume P.O. Box 4500 | Line 4.6 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | | | | |
| Allen, TX 75013 | | Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| | Last 4 digits of account number | | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | | | | |
| Internal Revenue Service | Line 2.1 of (Check one): | ■ Part 1: Creditors with Priority Unsecured Claims | | | | | |
| Centralized Insolvency P.O. Box 7346 | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| Philadelphia, PA 19101-7346 | | | | | | | |
| | Last 4 digits of account number | | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 | | | | | | |
| Portfolio Recovery Associ 140 Corporate Boulevard | Line 4.6 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | | | | |
| Norfolk, VA 23502 | | Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| <u> </u> | Last 4 digits of account number | | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 | | | | | | |
| TransUnion Consumer Relat P.O. Box 1000 | Line 4.6 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | | | | |
| Chester, PA 19016 | | Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| | Last 4 digits of account number | | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | | | | |
| United States Attorney | Line 2.1 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | | | | |
| Bankruptcy - Civil 271 Cadman Plaza East | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| Brooklyn, NY 11201 | | | | | | | |
| | Last 4 digits of account number | | | | | | |
| | | | | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|--------------|
| Total | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 700.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 700.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | • | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |

| Debtor 1 | Debtor 1 Omar U Aracena | | | Case number (if known) | | | | |
|----------|-------------------------|---|-----|------------------------|-----------|--|--|--|
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 | | | |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 24,290.00 | | | |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 24,290.00 | | | |

| Fill in this infor | ill in this information to identify your case: | | | | | | |
|---------------------|--|--------------------|------------|--|--|--|--|
| Debtor 1 | Omar U Aracena | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F NEW YORK | | | | |
| Case number | | | | | | | |
| (if known) | | | | | | | |
| | | | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with Name, Numbe | whom you have the r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|-----------------------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |

Official Form 106G

| Debtor 1 | Omar U Aracena | | | |
|------------------------------|---|--------------------------------|---------------------------|--|
| | First Name | Middle Name | Last Name | |
| Debtor 2 Spouse if, filin | rirst Name | Middle Name | Last Name | |
| | tes Bankruptcy Court for the: | EASTERN DISTRICT O | | |
| | | | | |
| ase numb known) | Jei | | | ☐ Check if this is an amended filing |
| | | | | amended ming |
| | Form 106H | labtava | | |
| cnea | ule H: Your Cod | lebtors | | 12/15 |
| | you have any codebtors? (If | you are filing a joint case, o | do not list either spouse | e as a codebtor. |
| ■ No □ Yes | | | | |
| 2. With | nin the last 8 years, have yo | u lived in a community pr | operty state or territo | ry? (Community property states and territories include |
| | a, California, Idaho, Louisiana | | | |
| | Go to line 3. | | | |
| ☐ Yes | . Did your spouse, former spo | ouse, or legal equivalent live | e with you at the time? | |
| | | | | r if your spouse is filing with you. List the person show |
| Form 1 | | | | sure you have listed the creditor on Schedule D (Offic 06G). Use Schedule D, Schedule E/F, or Schedule G to |
| | Column 1: Your codebtor Name, Number, Street, City, State and 2 | ZID Codo | | Column 2: The creditor to whom you owe the deb |
| | varile, Nurilber, Street, Oity, State and 2 | LIF Code | | Check all schedules that apply: |
| 3.1 | | | | Schedule D, line |
| 1 | Name | | | ☐ Schedule E/F, line |
| _ | | | | ☐ Schedule G, line |
| | Number Street City | State | ZIP Code | |
| | | | | |
| 3.2 | | | | Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| | Number Street | Stato | ZID Codo | _ |
| (| City | State | ZIP Code | |

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| Fill | in this information to identify your o | case: | | | | | l | | | | |
|---------------------|--|---|---------------------------------|----------------------------|--------------|----------------|---------------------|-------------------------|--------------------------|------------------------------|-----------------|
| Del | otor 1 Omar U Ara | cena | | | | | | | | | |
| _ | otor 2 puse, if filing) | | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | e: EASTERN DISTRICT | OF NEW YO | ORK | | | | | | | |
| | se number nown) | | - | | | | | | ed filing ent showir | ng postpetition | • |
| 0 | fficial Form 106I | | | | | | _ | M / DD/ Y | | onowing date. | |
| | chedule I: Your Inc | ome | | | | | IN | ו /טט / ויוויי | 111 | | 12/15 |
| sup spo atta | as complete and accurate as posplying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | ı are married and not fili ır spouse is not filing w | ng jointly, ai ith you, do r | nd your spo not include | use infor | is liv mati | ing with on abou | you, incl t your spo | ude infori ouse. If m | mation about ore space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | | Debtor 2 | or non-f | iling spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employ | ■ Employed | | | | | oyed | | |
| | | Employment status | ☐ Not em | ☐ Not employed | | | | ☐ Not e | mployed | | |
| | employers. | Occupation | ground o | ops | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | JFK Airp | ort | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | Queens, | NY | | | | | | | |
| | | How long employed t | here? | 2 yr. | | | | | | | |
| Pai | rt 2: Give Details About Mo | nthly Income | - | | | | | | | | |
| Esti spoo | mate monthly income as of the cuse unless you are separated. The course of the cuse unless you are separated. The cuse of the cuse is a separate sheet to the cuse of the cuse is a separate sheet to the cuse of the cuse is a separate sheet to the cuse of the cuse of the cuse is a separate sheet to the cuse of the cu | late you file this form. If ore than one employer, or | • | | | | | that perso | on on the li | • | J |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | | 2. | \$ | 5 | ,885.00 | \$ | N/A | |
| 3. | Estimate and list monthly over | time pay. | | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | | 4. | \$ | 5,8 | 85.00 | \$ | N/A | |

Official Form 106I Schedule I: Your Income page 1

| Deb | otor 1 | Omar U Aracena | - | Case | number (<i>if ki</i> | nown) | | | | |
|-----|-----------------------------|---|------------|-------|-----------------------|-------|--------|-----------|--------|----------|
| | | | | For | Debtor 1 | | | Debtor 2 | | |
| | Cop | by line 4 here | 4. | \$ | 5,885 | 5.00 | \$ | g op | N/A | _ |
| 5. | l ict | t all payroll deductions: | | | | | | | | |
| J. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 1 27 | | \$ | | N/A | |
| | 5a. 5b. | Mandatory contributions for retirement plans | 5a. 5b. | · — | 1,374 | 0.00 | \$ | | N/A | - |
| | 5c. | Voluntary contributions for retirement plans | 5c. | : — | | 3.00 | \$ | | N/A | - |
| | 5d. | Required repayments of retirement fund loans | 5d. | | | 2.00 | \$ | | N/A | - |
| | 5e. | Insurance | 5e. | \$_ | | 7.00 | \$ | | N/A | - |
| | 5f. | Domestic support obligations | 5f. | \$_ | (| 0.00 | \$ | | N/A | - |
| | 5g. | Union dues | 5g. | _ | | 0.00 | \$ | | N/A | - |
| | 5h. | Other deductions. Specify: | 5h. | + \$_ | (| 0.00 | + \$ | | N/A | - |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 1,881 | | \$ | | N/A | - |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 4,004 | 1.00 | \$ | | N/A | |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | | monthly net income. | 8a. | \$ | (| 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | \$_ | (| 0.00 | \$ | | N/A | - |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | · - | | 0.00 | \$ | | N/A | - |
| | 8d. | Unemployment compensation Social Security | 8d. | : — | | 0.00 | \$ | | N/A | - |
| | 8e. 8f. | Other government assistance that you regularly receive | 8e. | Φ_ | | 0.00 | Ψ | | N/A | - |
| | OI. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | \$ | (| 0.00 | \$ | | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$ | | 0.00 | \$ | | N/A | - |
| | 8h. | Other monthly income. Specify: | 8h. | + \$_ | (| 0.00 | + \$ | | N/A | - |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | (| 0.00 | \$ | | N/A | A . |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | S | 4,004.00 | + \$ | | N/A = | \$ | 4,004.00 |
| | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | , | | 1,00-1.00 | - | | | - | 4,004.00 |
| 11. | Star Incli othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify: | deper | | | | | chedule J | | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certaillies | | | | | | C | \$ | |
| 13 | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | m | onthly | y income |
| | | No. Yes. Explain: | · — | | | | | | | |
| | | i oo. Explain. | | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this information to identify your case: | | | | |
|-------------------|---|---|--------------------------------------|---|--|
| Deb | Omar U Aracena | | | k if this is: An amended filing | |
| | otor 2ouse, if filing) | | | J | ving postpetition chapter the following date: |
| Uni | ted States Bankruptcy Court for the: EASTERN DISTRICT OF NEW Y | ORK | Ī | MM / DD / YYYY | |
| | se numbernown) | | | | |
| | fficial Form 106J | | | | |
| Be infe | chedule J: Your Expenses as complete and accurate as possible. If two married people at primation. If more space is needed, attach another sheet to this mber (if known). Answer every question. | re filing together, bo form. On the top of | oth are equa any additio | Illy responsible fo nal pages, write y | r supplying correct our name and case |
| Pai | t 1: Describe Your Household Is this a joint case? | | | | |
| •• | ■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses | s for Separate House | <i>hold</i> of Debt | or 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? |
| | Do not state the dependents names. | Daughter | | 4 | □ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? | | | | ☐ Yes |
| Est exp app | t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless yourness as of a date after the bankruptcy is filed. If this is a suppolicable date. Iude expenses paid for with non-cash government assistance in | plemental <i>Schedule</i> | orm as a sup J, check th | oplement in a Cha e box at the top of | pter 13 case to report f the form and fill in the |
| | value of such assistance and have included it on <i>Schedule I:</i> Y ficial Form 106I.) | Your Income | | Your expe | enses |
| 4. | The rental or home ownership expenses for your residence. I payments and any rent for the ground or lot. | Include first mortgage | 4. \$ | | 1,250.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues | | 4a. \$ 4b. \$ 4c. \$ 4d. \$ | | 0.00 0.00 0.00 0.00 |
| 5. | Additional mortgage payments for your residence, such as ho | ome equity loans | 5. \$ | | 0.00 |

| Debtor 1 | Omar U | J Aracena Ca | | Case number (if known) | | | | | |
|---------------|----------------------------------|---|---|---------------------------------------|--------------------------|--|--|--|--|
| 6. Uti | lities: | | | | | | | | |
| 6a. | Electricity, | heat, natural gas | 6a. | \$ | 0.00 | | | | |
| 6b. | Water, sev | ver, garbage collection | 6b. | \$ | 0.00 | | | | |
| 6c. | | , cell phone, Internet, satellite, and cable service | | · · · · · · · · · · · · · · · · · · · | 215.00 | | | | |
| 6d. | • | | 6d. | | 0.00 | | | | |
| | | ekeeping supplies | | * | 700.00 | | | | |
| | | hildren's education costs | 8. | · - | 900.00 | | | | |
| | | ry, and dry cleaning | 9. | · · | 140.00 | | | | |
| | - | roducts and services | | | | | | | |
| | - | | 10. | · | 30.00 | | | | |
| | | ntal expenses | 11. | \$ | 30.00 | | | | |
| | | Include gas, maintenance, bus or train fare. | 12. | \$ | 250.00 | | | | |
| | not include ca | ar payments. clubs, recreation, newspapers, magazines, ar | | · <u> </u> | 50.00 | | | | |
| | | | | · · | | | | | |
| | | ributions and religious donations | 14. | \$ | 20.00 | | | | |
| | surance. | | 4 20 | | | | | | |
| | not include in a. Life insura | surance deducted from your pay or included in li | nes 4 or 20. 15a. | c | 0.00 | | | | |
| | | | | · | 0.00 | | | | |
| | o. Health ins | | 15b. | · · · · · · · · · · · · · · · · · · · | 0.00 | | | | |
| | c. Vehicle ins | | 15c. | · | 193.00 | | | | |
| | | rance. Specify: | 15d. | \$ | 0.00 | | | | |
| | | clude taxes deducted from your pay or included | | _ | | | | | |
| | ecify: | | 16. | \$ | 0.00 | | | | |
| | | ease payments: | 47- | • | | | | | |
| | | ents for Vehicle 1 | 17a. | · | 290.00 | | | | |
| | | ents for Vehicle 2 | 17b. | · | 0.00 | | | | |
| | c. Other. Spe | | 17c. | \$ | 0.00 | | | | |
| 170 | d. Other. Spe | ecify: | 17d. | \$ | 0.00 | | | | |
| | | of alimony, maintenance, and support that yo | | • | 0.00 | | | | |
| | | our pay on line 5, Schedule I, Your Income (| | | 0.00 | | | | |
| 9. Otł | ner payments | you make to support others who do not live | with you. | \$ | 0.00 | | | | |
| | ecify: | | 19. | | | | | | |
| | | erty expenses not included in lines 4 or 5 of t | | | | | | | |
| | | on other property | 20a. | · - | 0.00 | | | | |
| 20t | o. Real estate | e taxes | 20b. | \$ | 0.00 | | | | |
| 200 | c. Property, h | nomeowner's, or renter's insurance | 20c. | \$ | 0.00 | | | | |
| 200 | d. Maintenan | ce, repair, and upkeep expenses | 20d. | \$ | 0.00 | | | | |
| 20€ | e. Homeown | er's association or condominium dues | 20e. | \$ | 0.00 | | | | |
| 1. Otł | ner: Specify: | Haircare & beauty | 21. | +\$ | 40.00 | | | | |
| | | • | | | | | | | |
| | | nonthly expenses | | | | | | | |
| | a. Add lines 4 | - | | \$ | 4,108.00 | | | | |
| 22t | o. Copy line 22 | 2 (monthly expenses for Debtor 2), if any, from C | fficial Form 106J-2 | \$ | | | | | |
| 220 | c. Add line 22a | a and 22b. The result is your monthly expenses. | | \$ | 4,108.00 | | | | |
| | | , , , | | | -, | | | | |
| | - | nonthly net income. | | | | | | | |
| | | 12 (your combined monthly income) from Sched | | · - | 4,004.00 | | | | |
| 23b | o. Copy your | monthly expenses from line 22c above. | 23b. | -\$ | 4,108.00 | | | | |
| | | | | | | | | | |
| 230 | | our monthly expenses from your monthly income |). | 6 | -104.00 | | | | |
| | The result | is your monthly net income. | 23c. | \$ | -104.00 | | | | |
| | | | the discussion of the state of | - (0 | | | | | |
| | | In increase or decrease in your expenses wit | | | or dogrado bassuss of s | | | | |
| | | u expect to finish paying for your car loan within the yeaterms of your mortgage? | ar or do you expect your mortgage | payment to increase | or decrease decause of a | | | | |
| _ | | tomo or your mortgago: | | | | | | | |
| | No. | [= | | | | | | | |
| | Yes. | Explain here: | | | | | | | |

| Fill in this inf | formation to identify your o | case: | | | | | | |
|---------------------------------|---|------------------------|-------------------------------|-----------------------|--------------------------------------|--|--|--|
| Debtor 1 | Omar U Aracena | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| United States | Bankruptcy Court for the: | EASTERN DISTRIC | Γ OF NEW YORK | | | | | |
| Case number | | | | | ☐ Check if this is an amended filing | | | |
| | orm 106Dec ation About a | n Individua | al Debtor's Sc | hedules | 12/15 | | | |
| years, or both | ney or property by fraud in n. 18 U.S.C. §§ 152, 1341, 1 Gign Below | | ankruptcy case can result ii | n fines up to \$250,0 | 00, or imprisonment for up to 20 | | | |
| Did you | pay or agree to pay some | one who is NOT an at | torney to help you fill out b | ankruptcy forms? | | | | |
| ■ No | | | | | | | | |
| ☐ Yes | ☐ Yes. Name of person Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 119) | | | | | | | |
| | enalty of perjury, I declare t are true and correct. | that I have read the s | ummary and schedules filed | d with this declarati | on and | | | |
| X /s/ C | Omar U Aracena | | x | | | | | |
| | ar U Aracena ature of Debtor 1 | | Signature of | Debtor 2 | | | | |
| Date | April 16, 2019 | | Date | | | | | |
| | | | | | | | | |

Official Form 106Dec

| Debtor 1 Omar U Aracena First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number (if known) Check if this is an amended filing Official Form 107 | Fill | in this inform | nation to identify you | r case: | | | | | |
|--|-------------|-------------------|---|--------------------------------|-----------|---------------------------|-------------------|---------|--------------------|
| Debtor 2 Debtor 1 Debtor 1 Debtor 1 Debtor 1 Debtor 1 Debtor 2 Debtor 1 Debtor 1 Debtor 1 Debtor 2 Debtor 1 Debtor 2 Debtor 1 Debtor 2 Debtor 1 Debtor 2 Debtor 1 Debtor 2 Debtor 1 Debtor 2 Debtor 1 Debtor 2 Debtor 1 Debtor 2 Debtor 2 Debtor 2 Debtor 2 | | | | | | | | | |
| Check if this is an amended filing | DC | 7.01 | | | | Last Name | | | |
| Case number (If known) Check if this is an amended filling | | | First Name | Middle Name | | Last Name | | | |
| Case number (If known) Check if this is an amended filling | Uni | ted States Ban | okruptcy Court for the | FASTERN DISTRICT (| OF NEW | / YORK | | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy ### Aprail | | | inapitor Court for the | <u> </u> | J. 11211 | | | | |
| Statement of Financial Affairs for Individuals Filing for Bankruptcy ### Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. #### Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married | 1 | | | | | | | _ | |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 11 | | | | | | | | | |
| information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before | Sta | atement | of Financial | Affairs for Indiv | idua | Is Filing for B | ankruptcy | | 4/19 |
| 1. What is your current marital status? Married Not married | info num | rmation. If mo | ore space is needed, i). Answer every que | attach a separate sheet stion. | to this f | orm. On the top of any | | | |
| □ Married ■ Not married 2. During the last 3 years, have you lived anywhere other than where you live now? □ No ■ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 lived there lived there 14305 Linden Blvd. From-To: | Par | t 1: Give D | etails About Your Ma | arital Status and Where Y | ou Live | d Before | | | |
| Not married 2. During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Lived there Debtor 2 Prior Address: Dates Debtor 2 Lived there Debtor 2 Debtor 2 Debtor 2 Debtor 3 Debtor 4 Debtor 4 Debtor 5 Debtor 5 Dates Debtor 6 Dates Debtor 7 Debtor 6 Debtor 7 Debtor 7 Debtor 8 Debtor 9 Debtor 9 Dates Debtor 9 Dates Debtor 9 Debtor 1 Debtor 9 Debtor 1 Debtor 9 Debtor 9 Dates Debtor 9 Dates Debtor 9 Dates Debtor 9 Debtor 1 Debtor 9 Dates Debtor 9 Dates Debtor 9 Debtor 9 Dates Debtor 9 Dates Debtor 9 Dates Debtor 9 Dates Debtor 9 Debtor 9 Dates D | 1. | What is your | current marital statu | is? | | | | | |
| 2. During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Debtor 2 Prior Address: Dates Debtor 2 Debtor 3 Debtor 4 Debtor 4 Debtor 4 Debtor 4 Debtor 4 Debtor 4 Debtor 5 Debtor 6 Debtor 6 Debtor 7 Debtor 6 Debtor 7 Debtor 7 Debtor 8 Debtor 9 De | | ☐ Married | | | | | | | |
| No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Ived there Debtor 2 Prior Address: Dates Debtor 2 Ived there 14305 Linden Blvd. From-To: Same as Debtor 1 Same as Debtor 1 From-To: Same as Debtor 2 Same as Debtor 3 Same as Debtor 4 From-To: Same as Debtor 5 Same as Debtor 6 Same as Debtor 7 Same as Debtor 9 Same as Debtor 1 Same as Debtor 2 Sam | | Not marr | ried | | | | | | |
| Pebtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Debtor 2 Debtor 2 Prior Address: Dates Debtor 2 Debtor 3 Debtor 4 Debtor 4 Debtor 5 Debtor 6 Debtor 6 Debtor 7 Debtor 8 Debtor 9 Debtor 9 | 2. | During the la | ıst 3 years, have you | lived anywhere other tha | ın where | e you live now? | | | |
| 14305 Linden Blvd. From-To: Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 From-To: Until September Jamaica, NY 11436 Same as Debtor 1 From-To: Same as Debtor 1 | | | t all of the places you I | ived in the last 3 years. Do | not incl | lude where you live now | <i>i</i> . | | |
| #1 Jamaica, NY 11436 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community propert states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Debtor 1 Debtor 2 | | Debtor 1 Pri | or Address: | | 1 | Debtor 2 Prior Ad | ldress: | | |
| Jamaica, NY 11436 2018 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community propert states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 | | | len Blvd. | | nahar | ☐ Same as Debtor | 1 | | |
| states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 | | | IY 11436 | _ | iicbci | | | | 110111-10. |
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Debtor 2 | state | No Yes. Mal | es include Arizona, Ca ke sure you fill out <i>Scl</i> | lifornia, Idaho, Louisiana, N | Nevada, | New Mexico, Puerto R | | | |
| Debtor 1 Debtor 2 | 4. | Fill in the total | I amount of income yo | u received from all jobs an | d all bus | sinesses, including part- | -time activities. | s calen | dar years? |
| | | Yes. Fill | in the details. | | | | | | |
| Sources of income Gross income Sources of income Gross income | | | | Debtor 1 | | | Debtor 2 | | |
| Check all that apply. (before deductions and exclusions) Check all that apply. (before deductions and exclusions) Check all that apply. (before deductions and exclusions) | | | | | (be | efore deductions and | | | (before deductions |

Official Form 107

| Dei | JIOI 1 <u>UI</u> | nai U Arac | ена | | | e namber (# known) | | |
|---------------|--------------------------|--|---|--|--|--|--|---|
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco | | Gross income (before deductions and exclusions) |
| | | / 1 of curren | | ■ Wages, commissions, bonuses, tips | \$16,292.17 | ☐ Wages, commonuses, tips | nissions, | |
| | | | | ☐ Operating a business | | ☐ Operating a b | usiness | |
| | last calen nuary 1 to | dar year: December 3 | 31, 2018) | ■ Wages, commissions, bonuses, tips | \$56,037.00 | ☐ Wages, comm | nissions, | |
| | | | | ☐ Operating a business | | Operating a b | usiness | |
| | | dar year bef December 3 | | ■ Wages, commissions, bonuses, tips | \$64,070.00 | ☐ Wages, common bonuses, tips | nissions, | |
| | | | | ☐ Operating a business | | ☐ Operating a b | usiness | |
| | □ No ■ Yes. | Fill in the de | tails. | Debtor 1 Sources of income Describe below. | Gross income from each source | Debtor 2 Sources of inco Describe below. | me | Gross income (before deductions |
| | | | | Describe below. | (before deductions and exclusions) | Describe below. | | and exclusions) |
| | last calen | dar year: December 3 | 31, 2018) | fdcpa | \$500.00 | | | |
| Par 6. | Are either No. | Debtor 1's Neither De individual p During the No. Yes * Subject t | or Debtor 2 betor 1 nor Derimarily for a 90 days befor Go to line 7 List below e paid that crunot include o adjustment r Debtor 2 o 90 days befor Go to line 7 List below e include pay | each creditor to whom you pa editor. Do not include paymen payments to an attorney for to ton 4/01/22 and every 3 year or both have primarily consumer you filed for bankruptcy, do each creditor to whom you pa ments for domestic support of | r debts? umer debts. Consumer deb old purpose." id you pay any creditor a tota id a total of \$6,825* or more nts for domestic support obli his bankruptcy case. is after that for cases filed or umer debts. id you pay any creditor a tota id a total of \$600 or more an | in one or more paying gations, such as chill or after the date of al of \$600 or more? | e? nents and ti d support a adjustment | he total amount you and alimony. Also, do |
| | Creditor' | s Name and | • | this bankruptcy case. Dates of payme | ent Total amount | Amount you | Was this : | payment for |
| | J. Julio1 | | | zatoo or payme | paid | still owe | 7.00 1110 | , |

| Deb | btor 1 Omar U Aracena | | Cas | se number (if known) | | | | |
|-----|--|-------------------------|----------------------|----------------------|--------------------------------|--------------------------|--|--|
| | | | | | | | | |
| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | | |
| | ■ No□ Yes. List all payments to an insider. | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | | |
| 8. | Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co | | rments or transfer a | any property on a | ccount of a de | ebt that benefited an | | |
| | ☐ Yes. List all payments to an insider | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name | | |
| Par | rt 4: Identify Legal Actions, Repossessi | ons, and Foreclosures | | | | | | |
| 9. | Within 1 year before you filed for bankrup List all such matters, including personal inju modifications, and contract disputes. No Yes. Fill in the details. | | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the case | | | |
| | 2018 - fdcpa case v. Cornstar Financial services. client received five hundred dollars | | | | ☐ Pending ☐ On appe ☐ Conclude | | | |
| 10. | Within 1 year before you filed for bankrup Check all that apply and fill in the details bel No. Go to line 11. Yes. Fill in the information below. | | erty repossessed, f | foreclosed, garnis | shed, attached | I, seized, or levied? | | |
| | ☐ Yes. Fill in the information below. Creditor Name and Address | Describe the Property | | Date | | Value of the | | |
| | Creditor Name and Address | Explain what happened | | | | property | | |
| 11. | Within 90 days before you filed for bankr accounts or refuse to make a payment be | | luding a bank or fil | nancial institutior | n, set off any a | mounts from your | | |
| | Yes. Fill in the details. Creditor Name and Address | Describe the action the | | | | Date action was Amount | | |
| 46 | Militia 4 and a battery and a state of | | | | | Co of and Pr | | |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or No Yes | | erty in the possess | ion of an assigne | e for the bene | etit of creditors, a | | |

| Deb | tor 1 | Omar U Aracena | | Case numbe | r (if known) | | | | |
|-----|--|--|----------------------|---|--|---------------------------|--|--|--|
| | | | | | | | | | |
| Par | t 5: | List Certain Gifts and Contribution | s | | | | | | |
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift. | | | | | | | | |
| | Gifts | with a total value of more than \$60 person | 0 | Describe the gifts | Dates you gave the gifts | Value | | | |
| | Perso Addr | on to Whom You Gave the Gift and ess: | | | | | | | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No ■ Yes. Fill in the details for each gift or contribution. | | | | | | | | |
| | more Char | or contributions to charities that to than \$600 ity's Name Pess (Number, Street, City, State and ZIP Code | | Describe what you contributed | Dates you contributed | Value | | | |
| Par | t 6: | List Certain Losses | | | | | | | |
| | ■ N □ Y Desc | mbling? No Yes. Fill in the details. The property you lost and the loss occurred | Include | be any insurance coverage for the loss the amount that insurance has paid. List pending ace claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | | |
| Par | | List Certain Payments or Transfers | | ice claime on the ce of conceans (12.) reports. | | | | | |
| | Included Inc | ulted about seeking bankruptcy or ple any attorneys, bankruptcy petition plans No Yes. Fill in the details. on Who Was Paid | oreparir reparers | d you or anyone else acting on your behalf paying a bankruptcy petition? s, or credit counseling agencies for services require Description and value of any property transferred | | Amount of payment | | | |
| | | ob Silver, Attorney At Law | ou | See Section 2016(b) Statement and court fees and credit report and other such fees. | See Section 2016(b) Statement and court fees and credit report and other such fees. | \$0.00 | | | |
| | promi Do no | ised to help you deal with your cred t include any payment or transfer that | litors o | d you or anyone else acting on your behalf pay r to make payments to your creditors? ed on line 16. | or transfer any prope | rty to anyone who | | | |
| | _ | √es. Fill in the details. | | | | | | | |
| | | on Who Was Paid | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | |

Debtor 1 Omar U Aracena Case number (if known)

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. | | | | | | | | |
|-----|---|---|----------------------------------|-----------------------|---|---|--|--|--|
| | ☐ Yes. Fill in the details. Person Who Received Transfer Address Person's relationship to you | Description and voproperty transferr | | | any property or received or debts change | Date transfer was made | | | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | | | | |
| | Name of trust | Description and value of the property transferred | | | | Date Transfer was made | | | |
| Par | t 8: List of Certain Financial Accounts, Instru | uments, Safe Deposit | Boxes, and Stora | age Units | | | | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No | | | | | | | | |
| | | ast 4 digits of ccount number Type of account or instrument | | clo | te account was sed, sold, ved, or nsferred | Last balance before closing or transfer | | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | escribe the | contents | Do you still have it? | | | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | Describe the contents | | Do you still have it? | | | |
| Par | t 9: Identify Property You Hold or Control for | r Someone Else | | | | | | | |
| 23. | Do you hold or control any property that some for someone. No Yes. Fill in the details. | one else owns? Inclu | ide any property | you borrowe | ed from, are storing fo | or, or hold in trust | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | | per, Street, City, State and ZIP | | property | Value | | | |
| Par | t 10: Give Details About Environmental Inforn | , | | | | | | | |
| For | the purpose of Part 10, the following definitions | s apply: | | | | | | | |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy
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Case number (if known)

Debtor 1 Omar U Aracena

| | toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | |
|------|--|--|--|--------------------|--|--|
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | |
| Rep | port all notices, releases, and proceedings that | you know about, regardless of when | they occurred. | | | |
| 24. | I. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 25. | Have you notified any governmental unit of a | ny release of hazardous material? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 26. | Have you been a party in any judicial or admi | nistrative proceeding under any enviro | onmental law? Include settlements | and orders. | | |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | |
| Pa | rt 11: Give Details About Your Business or C | , | | | | |
| 27. | Within 4 years before you filed for bankrupto | y, did you own a business or have any | of the following connections to an | y business? | | |
| | ☐ A sole proprietor or self-employed in | • | - | | | |
| | ☐ A member of a limited liability compa | ny (LLC) or limited liability partnership | (LLP) | | | |
| | ☐ A partner in a partnership | | | | | |
| | ☐ An officer, director, or managing exec | cutive of a corporation | | | | |
| | ☐ An owner of at least 5% of the voting | or equity securities of a corporation | | | | |
| | No. None of the above applies. Go to Pa | rt 12. | | | | |
| | Yes. Check all that apply above and fill in | | | | | |
| | | Describe the nature of the business | Employer Identification numbe | | | |
| | Address (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security Dates business existed | number or ITIN. | | |
| 28. | Within 2 years before you filed for bankruptcy institutions, creditors, or other parties. | y, did you give a financial statement to | anyone about your business? Incl | ude all financial | | |
| ■ No | | | | | | |

Part 12: Sign Below

Name

I have read the answers on this *Statement* of *Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Date Issued

☐ Yes. Fill in the details below.

Address (Number, Street, City, State and ZIP Code)

| Debtor 1 | Omar U Aracena | | Case number (if known) |
|---------------------|-----------------------------------|--|---|
| with a ba | | aking a false statement, concealing s up to \$250,000, or imprisonment fo | property, or obtaining money or property by fraud in connection or up to 20 years, or both. |
| /s/ Oma | omar U Aracena | | |
| | J Aracena re of Debtor 1 | Signature of Debto | 7 2 |
| Date April 16, 2019 | | Date | |
| Did you a | attach additional pages to Your S | Statement of Financial Affairs for Inc | lividuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | | | |
| ☐ Yes | | | |
| Did you p | pay or agree to pay someone who | o is not an attorney to help you fill o | ut bankruptcy forms? |
| ■ No | | | |
| ☐ Yes. N | lame of Person Attach the | Bankruptcy Petition Preparer's Notice | Declaration, and Signature (Official Form 119). |

| | | | | _ |
|---------------------------------|--|-----------------------|---|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Omar U Aracena | | | |
| Dahtano | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTR | RICT OF NEW YORK | |
| <u> </u> | | | | |
| | | ☐ Check if this is an | | |
| | | | | amended filing |
| Official Fo | orm 100 | | | |
| | | n for Indiv | viduals Filing Under Chant | tor 7 |
| Stateme | iii oi iiiteiitio | ii ioi iiiuiv | viduals Filing Under Chapt | IEF / 12/15 |
| If you are an ind | lividual filing under cha | pter 7, you must fil | l out this form if: | |
| | ve claims secured by yo | | | |
| | sed personal property a | | | |
| | ever is earlier, unless th | | you file your bankruptcy petition or by the date e time for cause. You must also send copies to t | |
| | eople are filing togethen | in a joint case, bo | th are equally responsible for supplying correct | information. Both debtors must |
| Be as complete | and accurate as possib | le. If more space is | s needed, attach a separate sheet to this form. O | n the top of any additional pages, |
| write y | our name and case nur | nber (if known). | • | |
| Part 1: List Y | our Creditors Who Have | e Secured Claims | | |
| | | art 1 of Schedule D | e: Creditors Who Have Claims Secured by Proper | rty (Official Form 106D), fill in the |
| information b | elow. reditor and the property t | hat is collateral | What do you intend to do with the property th secures a debt? | at Did you claim the property as exempt on Schedule C? |
| | | | cou. oo u dobr. | ao caompi on concadie o: |
| Creditor's (| Chase Auto | | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | 2.10 |
| Description of | f Coolaned Automo | hilo | ☐ Retain the property and enter into a | ■ Yes |
| property | f Cosigned Automo that Debtor is Driv | ing | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt | Name is Not on Tit | le | Retain Property & Make Payments | |
| Creditor's | Freedom Road Financ | sial . | - | - |
| name: | 166uoiii Noau Fiilalii | ,iai | Surrender the property.Retain the property and redeem it. | No |
| | | | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a | ☐ Yes |
| Description of property | f cosigned Motorcy default | cle - loan in | Reaffirmation Agreement. | |
| PIOPOILY | JUIUUIL | | F FREISID IDE DIODEUV SUGTEVIDISIDI. | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

☐ Retain the property and [explain]:

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

property

securing debt:

| Debtor 1 Omar U Aracena | Case number (if known) | |
|--|------------------------|------------|
| Lessor's name: Description of leased Property: | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | □ No □ Yes |

| DCD | tor 1 | Omar U Aracena | Case number (if known) |
|------|-----------------------------|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Part | 3: S | Sign Below | |
| | | | |
| | | alty of perjury, I declare that I have indi at is subject to an unexpired lease. | cated my intention about any property of my estate that secures a debt and any personal |
| | erty tha | | cated my intention about any property of my estate that secures a debt and any personal |
| prop | erty tha | at is subject to an unexpired lease. | |
| prop | erty that /s/ Or Omar | at is subject to an unexpired lease. mar U Aracena | x |

| Fill in this info | rmation to identify your case: | | | | directed in this form and | d in Form |
|---|--|---|---|---|---|-----------------------------------|
| Debtor 1 | Omar U Aracena | | 12 | 2A-1Supp: | | |
| Debtor 2 (Spouse, if filing) | | | | ■ 1. There is no pres | sumption of abuse | |
| United States | Bankruptcy Court for the: Eastern District of | New York | | applies will be i | to determine if a presumade under <i>Chapter 7</i> | |
| Case number (if known) | | | | ☐ 3. The Means Tes | ficial Form 122A-2). t does not apply now b | |
| | | | | • | y service but it could a | oply later. |
| Ott: o: o I L | To war 400 A 4 | | | ☐ Check if this is a | an amended filing | |
| | Form 122A - 1 | 4 8 5 | | | | |
| Chapter | 7 Statement of Your Cur | rent Mor | nthly Inc | ome | | 12/15 |
| attach a separa case number (if qualifying milita | and accurate as possible. If two married people a te sheet to this form. Include the line number to w f known). If you believe that you are exempted froi ary service, complete and file Statement of Exemp alculate Your Current Monthly Income | hich the addition m a presumption | nal information a of abuse becau | applies. On the top of a use you do not have pri | nny additional pages, wri marily consumer debts o | te your name and or because of |
| 1. What is | your marital and filing status? Check one or | ily. | | | | - |
| ■ Not n | narried. Fill out Column A, lines 2-11. | | | | | |
| ☐ Marri | ed and your spouse is filing with you. Fill ou | ıt both Columns | A and B, lines | 2-11. | | |
| | ed and your spouse is NOT filing with you. | | | | | |
| □ Liv | ring in the same household and are not lega | lly separated. | Fill out both Co | lumns A and B, lines | 2-11. | |
| pe | ring separately or are legally separated. Fill or enalty of perjury that you and your spouse are lowing apart for reasons that do not include evading apart. | egally separated | d under nonbar | kruptcy law that appli | ies or that you and you | |
| 101(10A). For the 6 months | verage monthly income that you received from all or example, if you are filing on September 15, the 6-ms, add the income for all 6 months and divide the total of the same rental property, put the income from that p | onth period would by 6. Fill in the res | l be March 1 thro sult. Do not inclu | ugh August 31. If the am de any income amount n | ount of your monthly incornore than once. For example | me varied during ple, if both |
| | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| | oss wages, salary, tips, bonuses, overtime, eductions). | and commission | ons (before all | \$4,871.72 | \$ | |
| | and maintenance payments. Do not include B is filled in. | payments from | a spouse if | \$ | \$ | |
| of you of from an and room | unts from any source which are regularly pa or your dependents, including child support, unmarried partner, members of your household nmates. Include regular contributions from a sp Do not include payments you listed on line 3. | Include regular I, your depende | contributions nts, parents, | \$0.00 | \$ | |
| 5. Net inco | ome from operating a business, profession, | | | | | |
| | | | otor 1 | | | |
| | ceipts (before all deductions) | \$ <u>0.00</u> -\$ 0.00 | | | | |
| • | and necessary operating expenses thly income from a business, profession, or far | | Copy here -> | \$ 0.00 | \$ | |
| | ome from rental and other real property | 11.5 | copy noic > | <u> </u> | Ψ | |
| o. Net mice | mio nom rental and other real property | Deb | otor 1 | | | |
| Gross re | eceipts (before all deductions) | \$ 0.00 | | | | |
| | and necessary operating expenses | -\$ 0.00 | | | | |
| | thly income from rental or other real property | \$ 0.00 | Copy here -> | \$ | \$ | |
| | , dividends, and royalties | _ | | \$ 0.00 | \$ | |

Official Form 122A-1

Case number (if known)

| | | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing s | | |
|------|-------------------------|--|---|--------------|-------------------|--------------|-----------------------------------|----------|-----------|
| 8. | Unemploy | ment compensation | | | \$ | 0.00 | \$ | | |
| | | or the amount if you contend that the amount Security Act. Instead, list it here: | t received was a bene | efit unde | r | | | | |
| | For you_ | spouse \$ | 0 | .00 | | | | | |
| | , | | | | | | | | |
| 9. | | retirement income. Do not include any amer the Social Security Act. | nount received that wa | as a | \$ | 0.00 | \$ | | |
| 10 | Do not inclureceived as | m all other sources not listed above. Speade any benefits received under the Social Sa victim of a war crime, a crime against hur rrorism. If necessary, list other sources on a | Security Act or payme manity, or internationa | nts al or | | | | | |
| | | | | | \$ | 0.00 | \$ | | |
| | | | | | \$ | 0.00 | \$ | | |
| | To | tal amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | | |
| 11. | | rour total current monthly income. Add linn. Then add the total for Column A to the to | | \$ | 4,871.72 | + \$ | | = \$_ | 4,871.72 |
| Part | | ermine Whether the Means Test Applies to | | | | | | incom | |
| 12. | • | our current monthly income for the year | • | | _ | | | | |
| | 12a. Copy | your total current monthly income from line 1 | | | Сор | y line 11 h | iere=> | \$ | 4,871.72 |
| | Multip | y by 12 (the number of months in a year) | | | | | | X | 12 |
| | 12b. The re | sult is your annual income for this part of the | e form | | | | 12b | . \$ | 58,460.64 |
| 13 | . Calculate t | he median family income that applies to | you. Follow these ste | eps: | | | | | |
| | Fill in the st | ate in which you live. | NY | | | | | | |
| | Fill in the nu | umber of people in your household. | 2 | | | | | | |
| | Fill in the m | edian family income for your state and size | of household. | | | | 13. | \$ | 71,343.00 |
| | | t of applicable median income amounts, go n. This list may also be available at the bank | | specified | l in the separ | ate instruct | ions | | |
| 14 | . How do the | e lines compare? | | | | | | | |
| | 14a. | Line 12b is less than or equal to line 13. O Go to Part 3. | n the top of page 1, c | check box | x 1, There is | no presum | ption of abus | e. | |
| | 14b. 🛚 | Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. | of page 1, check box 2 | 2, The pi | resumption o | f abuse is o | determined by | y Form 1 | 22A-2. |

Omar U Aracena

Debtor 1

| Debtor 1 | Omar U Aracena | Case number (if known) |
|----------|--|---|
| Part 3: | Sign Below | |
| | By signing here, I declare under penalty of perjury that the in | formation on this statement and in any attachments is true and correct. |
| | X /s/ Omar U Aracena | |
| | Omar U Aracena Signature of Debtor 1 | |
| Dat | te_April 16, 2019 | |
| | MM/DD/YYYY | |
| | If you checked line 14a, do NOT fill out or file Form 122A-2. | |
| | If you checked line 14b, fill out Form 122A-2 and file it with the | is form. |

Official Form 122A-1

| Debtor 1 | Omar U Aracena | Case number (if known) | |
|----------|----------------|------------------------|--|
|----------|----------------|------------------------|--|

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2018 to 03/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **jetblue** Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$\\\
\$41,306.57 \quad \text{from check dated} \quad \\
\text{9/30/2018} \quad \text{.}

Ending Year-to-Date Income: \$\\\\$55,337.26 \quad \text{from check dated} \quad \text{12/31/2018} \quad \text{.}

This Year:

Current Year-to-Date Income: \$15,199.60 from check dated 3/31/2019.

Income for six-month period (Current+(Ending-Starting)): \$29,230.29 .

Average Monthly Income: **\$4,871.72**.

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Fastern District of New York

| | Ea | stern District of New Yor | k | |
|---------|--|--|---|-------------------------------------|
| In re | Omar U Aracena | Debtor(s) | Case No. | 7 |
| | | Debtor(s) | Chapter | |
| | DISCLOSURE OF COMP | ENSATION OF ATTO | RNEY FOR DE | EBTOR(S) |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fipe rendered on behalf of the debtor(s) in contemplatio | ling of the petition in bankruptcy | , or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 1,800.00 |
| | Prior to the filing of this statement I have receive | | | 1,800.00 |
| | Balance Due | | | 0.00 |
| 2. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | ■ I have not agreed to share the above-disclosed cor | npensation with any other person | unless they are mem | bers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the results. | | | |
| 5. | In return for the above-disclosed fee, I have agreed to | render legal service for all aspec | ets of the bankruptcy c | ase, including: |
| | a. Analysis of the debtor's financial situation, and ren b. Preparation and filing of any petition, schedules, st c. Representation of the debtor at the meeting of cred d. [Other provisions as needed] Negotiations with secured creditors to | atement of affairs and plan which itors and confirmation hearing, a | h may be required; and any adjourned hea | |
| 5. | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any cany other adversary proceeding. Preppreparation and filing of motions pursany other motions. | lischargeability actions, jud aration and filing of reaffirm | icial lien avoidance ation agreements | and applications as needed; |
| | | CERTIFICATION | | |
| | certify that the foregoing is a complete statement of ankruptcy proceeding. | any agreement or arrangement fo | r payment to me for re | epresentation of the debtor(s) in |
| tiiis t | | | | |
| | pril 16, 2019 | /s/ Jacob Silver | | |
| A | pril 16, 2019 <i>ate</i> | Jacob Silver | | |
| A | - | Jacob Silver Signature of Attorn | | |
| A | - | Jacob Silver | | |
| A | - | Jacob Silver Signature of Attorn Jacob Silver, Att 26 Court Street Suite - 1201 | corney At Law | |
| A | - | Jacob Silver Signature of Attorn Jacob Silver, Att 26 Court Street Suite - 1201 Brooklyn, NY 112 | orney At Law 242 | |
| A | - | Jacob Silver Signature of Attorn Jacob Silver, Att 26 Court Street Suite - 1201 Brooklyn, NY 112 | orney At Law 242 Fax: (718) 797-414 | |

United States Bankruptcy Court Eastern District of New York

| In re | Omar U Aracena | | Case No. | |
|-------|----------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: April 16, 2019

| April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 | April 16, 2019 |

USBC-44 Rev. 9/17/98

Aafcu Pob 619001 Dallas, TX 75261

Aafcu Pob 619001 Dallas, TX 75261

Aafcu Po Box 619001 Dfw Airport, TX 75261

Aafcu Pob 619001 Dallas, TX 75261

Chase Auto
Po Box 901003
Ft Worth, TX 76101

Cornstar Financial Servic 10400 N 25th Ave. Suite - 100 Phoenix, AZ 85021

Credit Coll Po Box 607 Norwood, MA 02062

Credit Collection Service 725 Canton Street Norwood, MA 02062

Debt Collectors Collection Agencies and Attorneys for Matrix

Equifax Credit Info. Serv P.O. Box 740241 Atlanta, GA 30374

Experian National Consume P.O. Box 4500 Allen, TX 75013

Freedom Road Financial 10605 Double R Blvd Reno, NV 89521

Hyundai Capital Americ 10550 Talbert Av Fountain Valley, CA 92708

Internal Revenue Service 11601 Roosevelt Blvd. P.O. Box 21126 Philadelphia, PA 19114

Internal Revenue Service Centralized Insolvency P.O. Box 7346 Philadelphia, PA 19101-7346

Portfolio Recov Assoc 120 Corporate Blvd Ste 1 Norfolk, VA 23502

Portfolio Recovery Associ 140 Corporate Boulevard Norfolk, VA 23502

Portfolio Recovery Associ 140 Corporate Boulevard Norfolk, VA 23502

TransUnion Consumer Relat P.O. Box 1000 Chester, PA 19016

United States Attorney Bankruptcy - Civil 271 Cadman Plaza East Brooklyn, NY 11201

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

CASE NO.:.

| Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief: |
|---|
| [NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).] |
| NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME. |
| ☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING: |
| |
| 1. CASE NO.: JUDGE: DISTRICT/DIVISION: |
| CASE STILL PENDING (Y/N): [If closed] Date of closing: |
| CURRENT STATUS OF RELATED CASE: |
| (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above): |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: |
| 2. CASE NO.: JUDGE: DISTRICT/DIVISION: |
| CASE STILL PENDING (Y/N): [If closed] Date of closing: |
| CURRENT STATUS OF RELATED CASE: (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above): |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: |
| 3. CASE NO.: JUDGE: DISTRICT/DIVISION: |
| CASE STILL PENDING (Y/N): [If closed] Date of closing: |

DEBTOR(S): Omar U Aracena

| DISCLOSURE OF RELATED CASES (cont'd) | |
|---|---|
| CURRENT STATUS OF RELATED CASE: | |
| | (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHICH CASES ARE RELATED (Refer | to NOTE above): |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDUL SCHEDULE "A" OF RELATED CASE: | E "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN |
| | als who have had prior cases dismissed within the preceding 180 days may not uired to file a statement in support of his/her eligibility to file. |
| TO BE COMPLETED BY DEBTOR/PETITIONER'S A | TTORNEY, AS APPLICABLE: |
| I am admitted to practice in the Eastern District of New | York (Y/N): Y |
| as indicated elsewhere on this form. /s/ Jacob Silver | ner or debtor/petitioner's attorney, as applicable): otcy case is not related to any case now pending or pending at any time, except |
| Jacob Silver Signature of Debtor's Attorney Jacob Silver, Attorney At Law 26 Court Street Suite - 1201 Brooklyn, NY 11242 (718) 855-3834 Fax:(718) 797-4141 | Signature of Pro Se Debtor/Petitioner |
| | Signature of Pro Se Joint Debtor/Petitioner |
| | Mailing Address of Debtor/Petitioner |
| | City, State, Zip Code |
| | Area Code and Telephone Number |

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009